

Name
in
Full

Alejina Bamberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

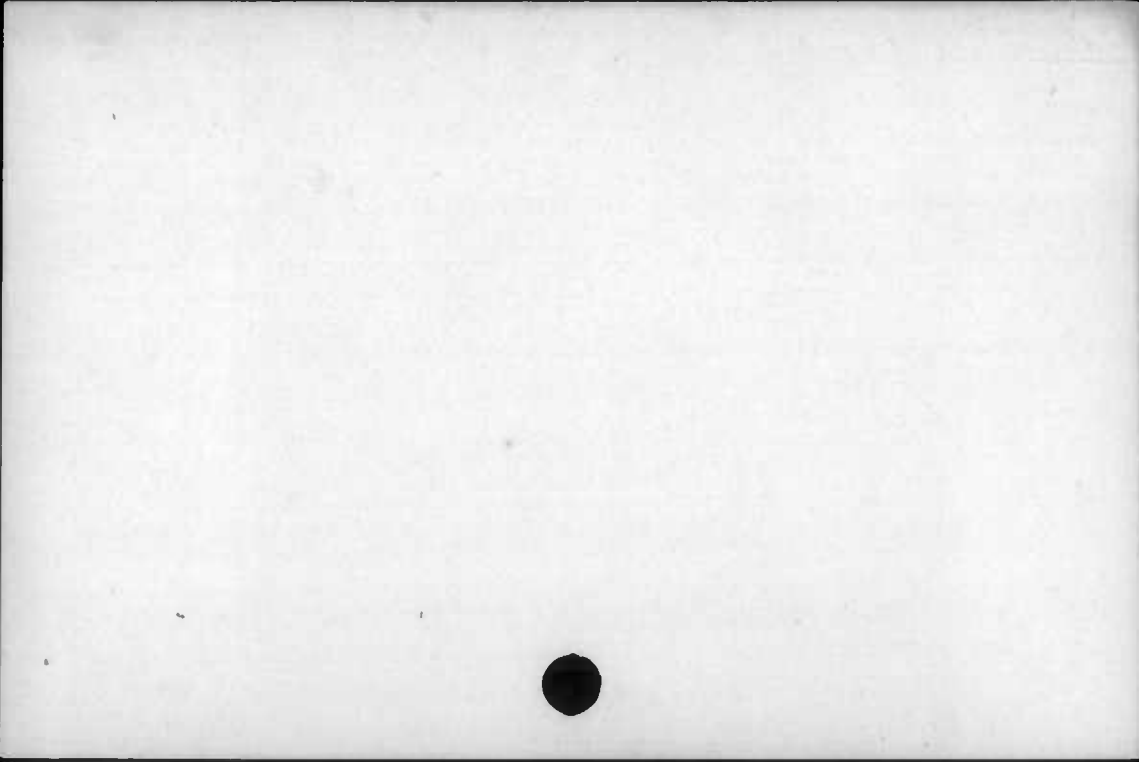
Died at <u>Cambridge</u> ^{Town}		<u>Onchester</u> ^{County}		MARYLAND	
Date of death	1909	Month	Apr	Day	19
Age	17	Years	—	Months	1
Sex	Female	Color or Race	white	Birth-place	Cambridge Md.
Occupation	sewage girl		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	John W. Bamberger			Father's Birthplace	Dr. Co. Md.
Mother's Maiden Name	Alejina Edger.			Mother's Birthplace	Dr. Co. Md.
Name of person giving information	Ethel Bamberger			How related to deceased	sister

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	9 days
Immediate	Pul. Oedema - Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gray Sticks
		Address	Cambridge Md.
Accident or Suicide?	Willis		



Name
in
Full

Jm Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

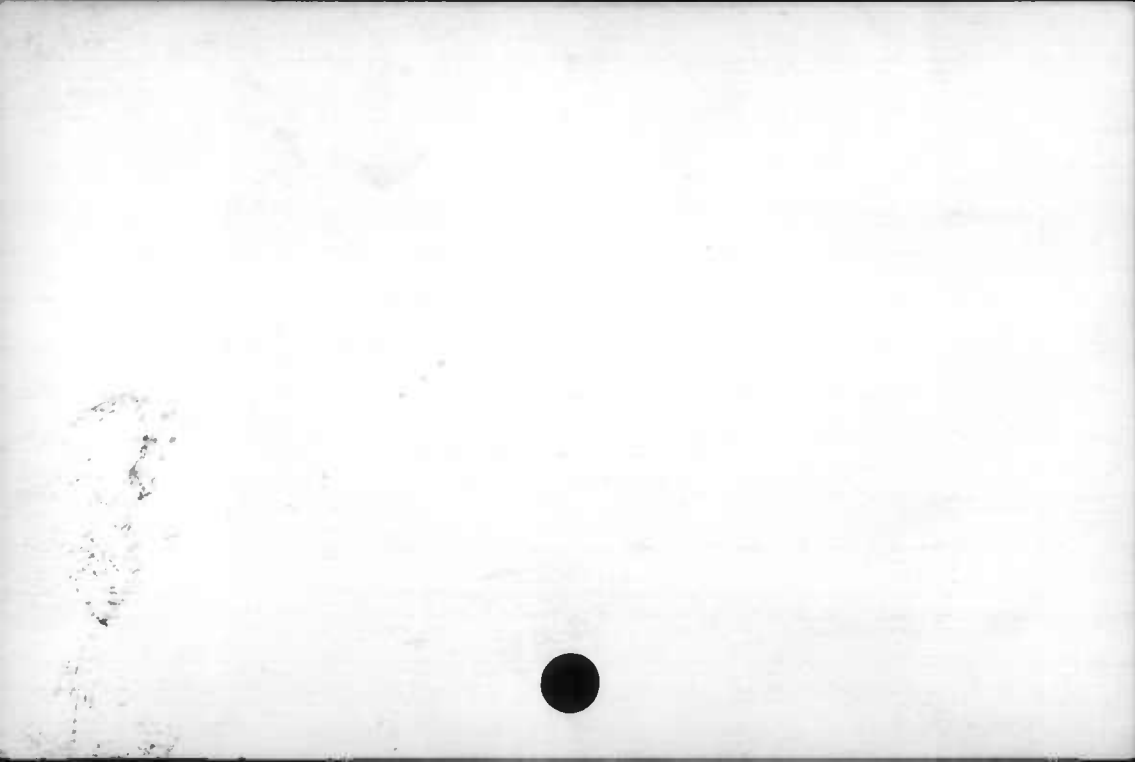
Died at Caulnag Town Dorchester County
 Date of death 1909 Month June Day 20 Age 56 Years Months Days
 Sex Male Color or Race Colored Birthplace Delaware
 Occupation Farmer Where Residing if not at place of death
 Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband Unknown
 Father's Name Not known Father's Birthplace Del
 Mother's Maiden Name " " Mother's Birthplace " "
 Name of person giving Information How related to deceased None

CAUSES OF DEATH

93

Primary Pneumonia How long Two weeks
 Immediate Exhaustion How long Some days
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. E. L. Borroughs
 Address Caulnag, Md
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

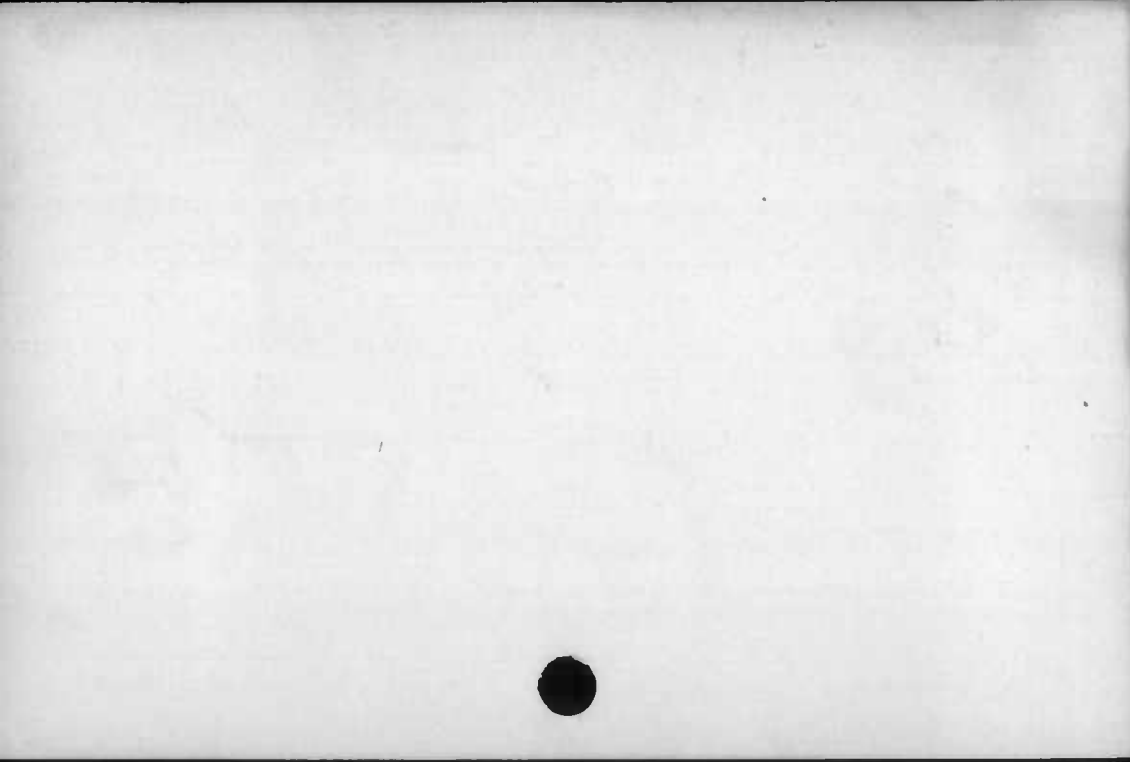
Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Blades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

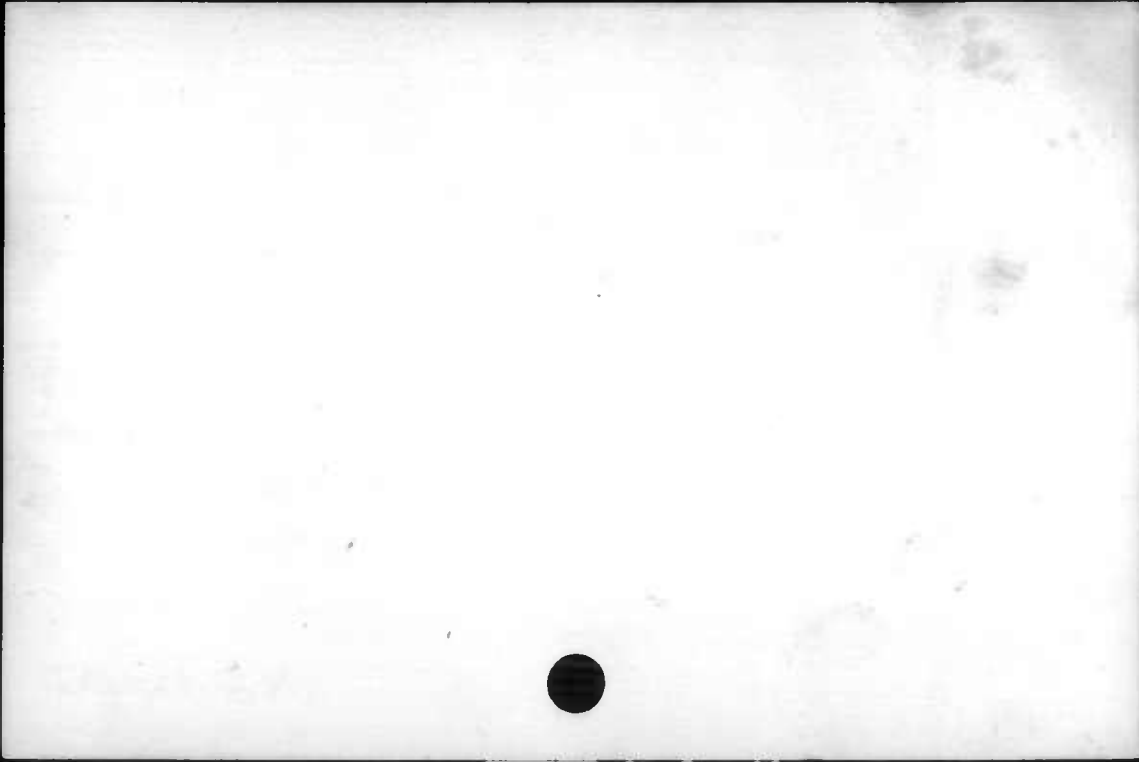
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		April	14	26	26		6
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
				Dance			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Single		None		Md		Md	
Father's Name		Mother's Maiden Name		How related to deceased			
Orville Blades		Nina Lyons		Father			
Name of person giving Information							
Orville Blades							

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth - Inappetence	How long	16 days
Immediate	Transition	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Raymond Devoe	
		Address	
		Preston	
Accident or Suicide			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name: *Johnny Brown*
 Died at: *EN market depot* Town: *Dorchester* County: *Dorchester*
 Date of death: *1909* Month: *April* Day: *20th* Age: *7* Years: *7* Months: *no* Days: *0*
 Sex: *Male* Color or Race: *Black* Birthplace: *EN market depot*
 Occupation: *none* Where Residing if not at place of death: *same place*
 Married, Single or Widowed: *single* Name of Wife or Husband: *none*
 Father's Name: *unknown* Father's Birthplace: *LA*
 Mother's Maiden Name: *Lane Brown* Mother's Birthplace: *Dorchester Co*
 Name of person giving information: *S J. Predit* How related to deceased: *half Brother*

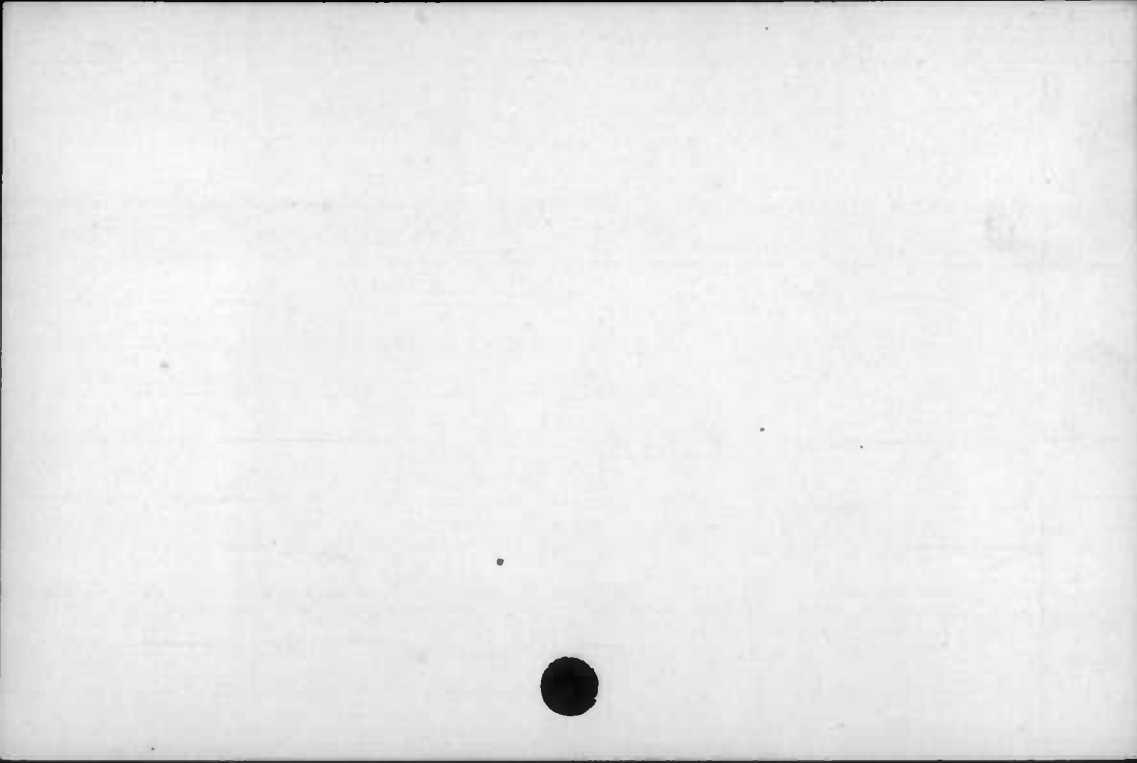
CAUSES OF DEATH

deep cold

90

PHYSICIAN
OR CORONER

Primary: *"* How long: *over a year*
 Immediate: *if* How long: *"*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician: *had none*
 Address: *issued by W J Abbott JP*
 Accident or Suicide? *no* *Easton money and*



Name
in
Full

Ernest Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

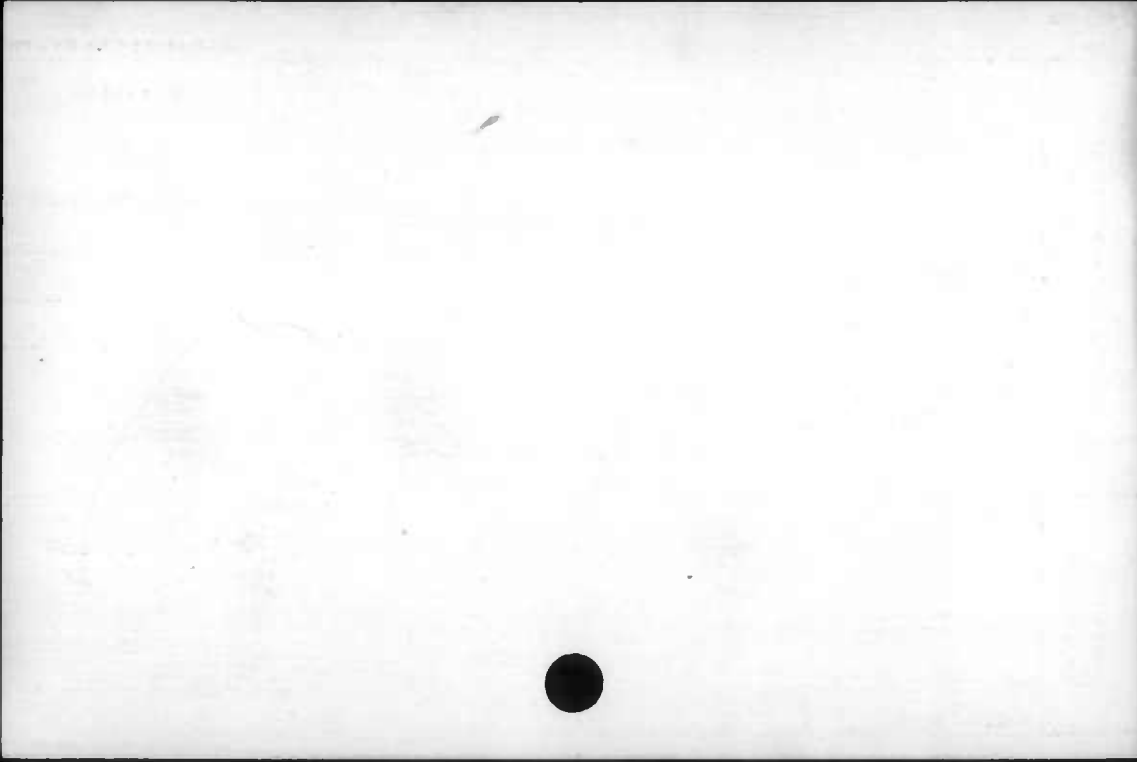
Died at <u>Cambridge</u>		Town		<u>Dorchester</u>		County		MARYLAND	
Date of death <u>1909</u>		Month <u>April</u>		Day <u>10</u>		Age <u>40</u>		Years	
Sex <u>Male</u>		Color or Race <u>White</u>		Birthplace <u>Maryland</u>		Months <u>1</u>		Days <u>22</u>	
Occupation <u>Waterman</u>				Where Residing if not at place of death <u>Cambridge Md</u>					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mollie Cook</u>							
Father's Name <u>Mr H. Cook</u>				Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Emily Wright</u>				Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Herman Cook</u>				How related to deceased <u>Brother</u>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Chronic Nephritis</u>		How long <u>for years</u>	
Immediate <u>Uremia</u>		How long <u>few days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. E. Wolff</u>	
		Address <u>Cambridge Md.</u>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Sadie L Cooper* Town *Cambridge* County *Dorchester*

Died at *Cambridge* *Dorchester* *Co*

Date of death *1909* Month *April* Day *5* Age *22* Months *—* Days *10*

Sex *Female* Color or Race *White* Birth-place *Cambridge*

Occupation *House Wife* Where Residing if not at place of death *Cambridge*

Married, Single or Widowed *Married* Name of Wife or Husband *Howard Cooper*

Father's Name *George W Adams* Father's Birthplace *Laksville*

Mother's Maiden Name *Jane May* Mother's Birthplace *Laksville*

Name of person giving Information *Osker R Willey* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

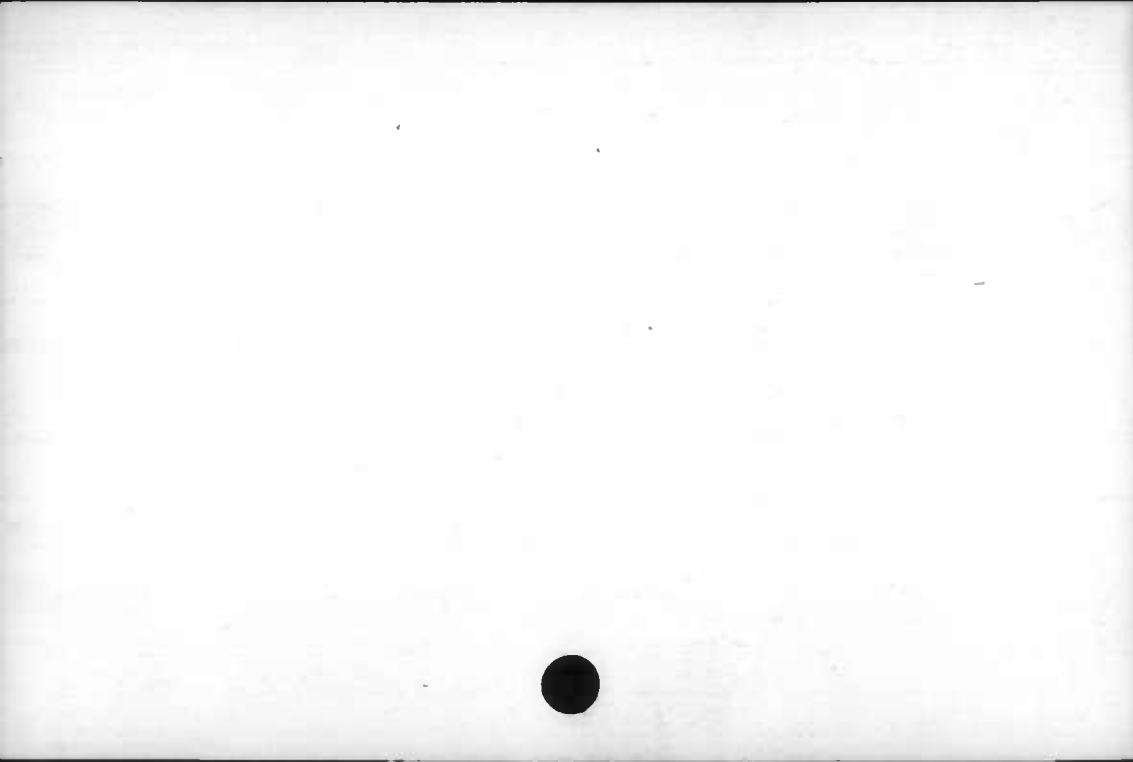
Primary *Acute Tuberculosis* How long *Several months*

Immediate *Heart Failure* How long *Short*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. E. Wolff*

Address *Cambridge, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nicholas Coney Town *Hurlock* County *Worcester* **MARYLAND**

Died at *Hurlock* Month *April* Day *1st* Years *5-6* Months *—* Days *—*

Date of death *1909* Age *5-6*

Sex *Male* Color or Race *white* Birth-place *Ind.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Viccy Nichols*

Father's Name *Wm. A. Coney* Father's Birthplace *Ind.*

Mother's Maiden Name *Susan Stephens* Mother's Birthplace *Ind.*

Name of person giving Information *Caroline Coney* How related to deceased *sister*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular Heart disease* How long *—*

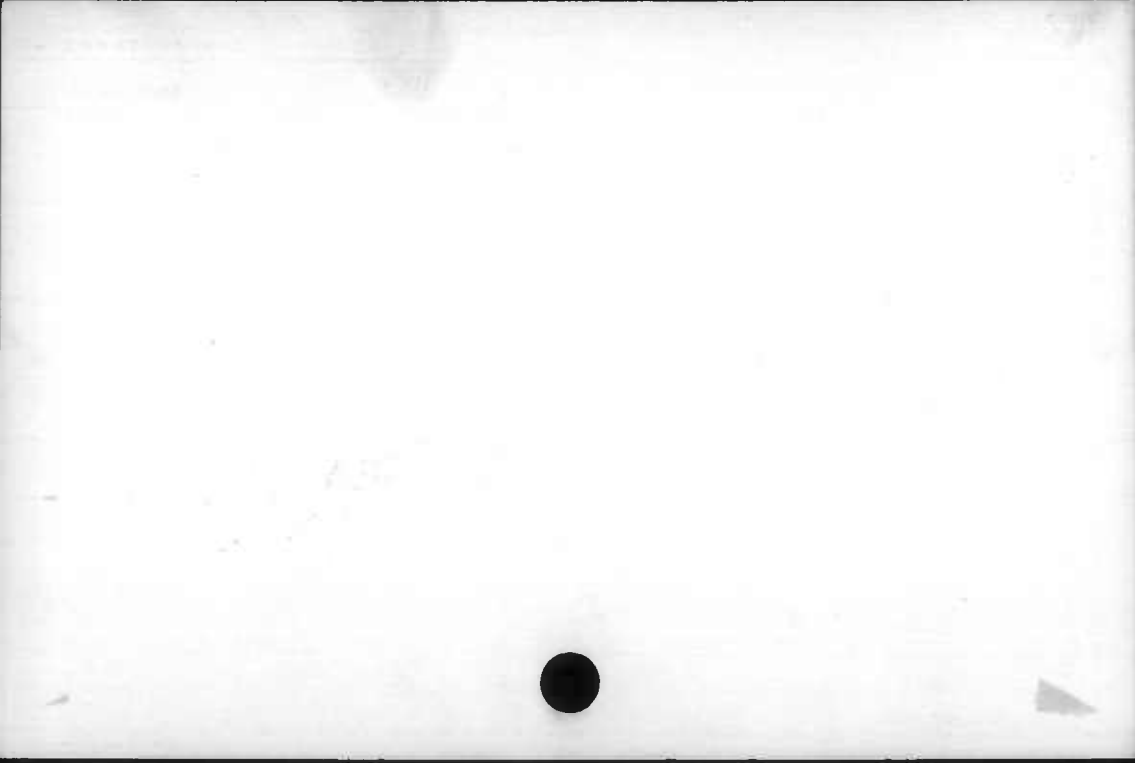
Immediate *Sudden Heart Failure* How long *Half hour*

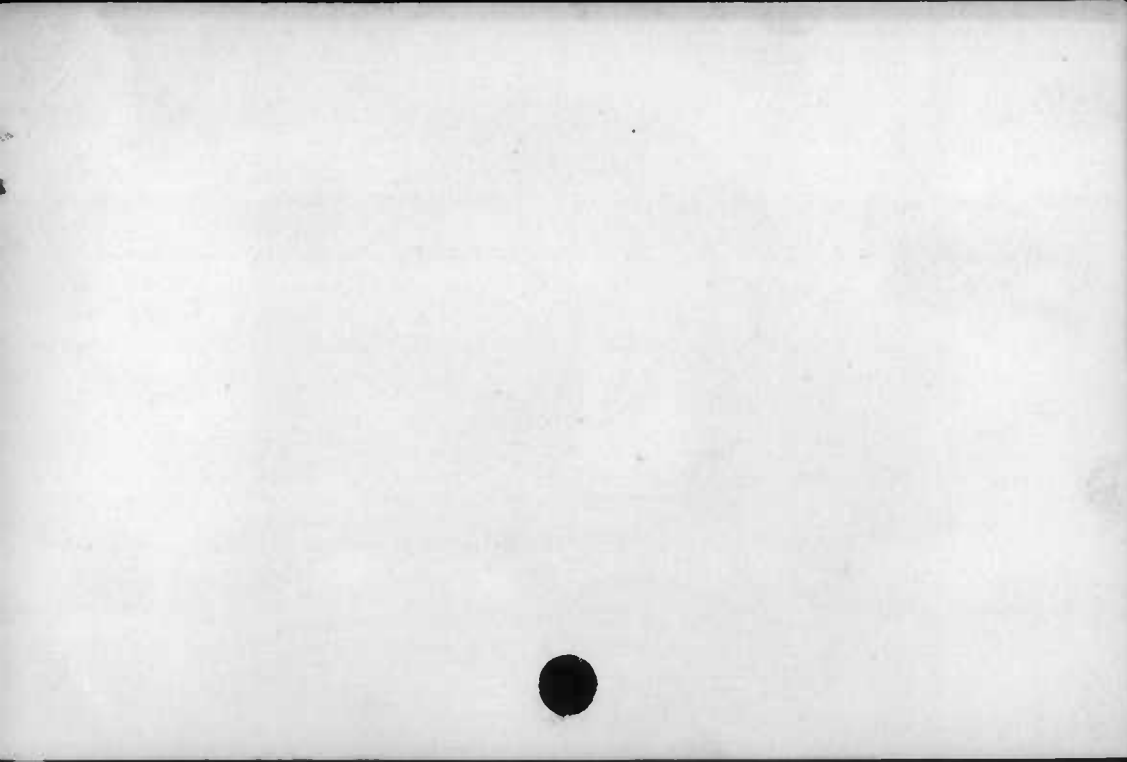
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. Maguire*

Address *Hurlock Ind.*

Accident or Suicide





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

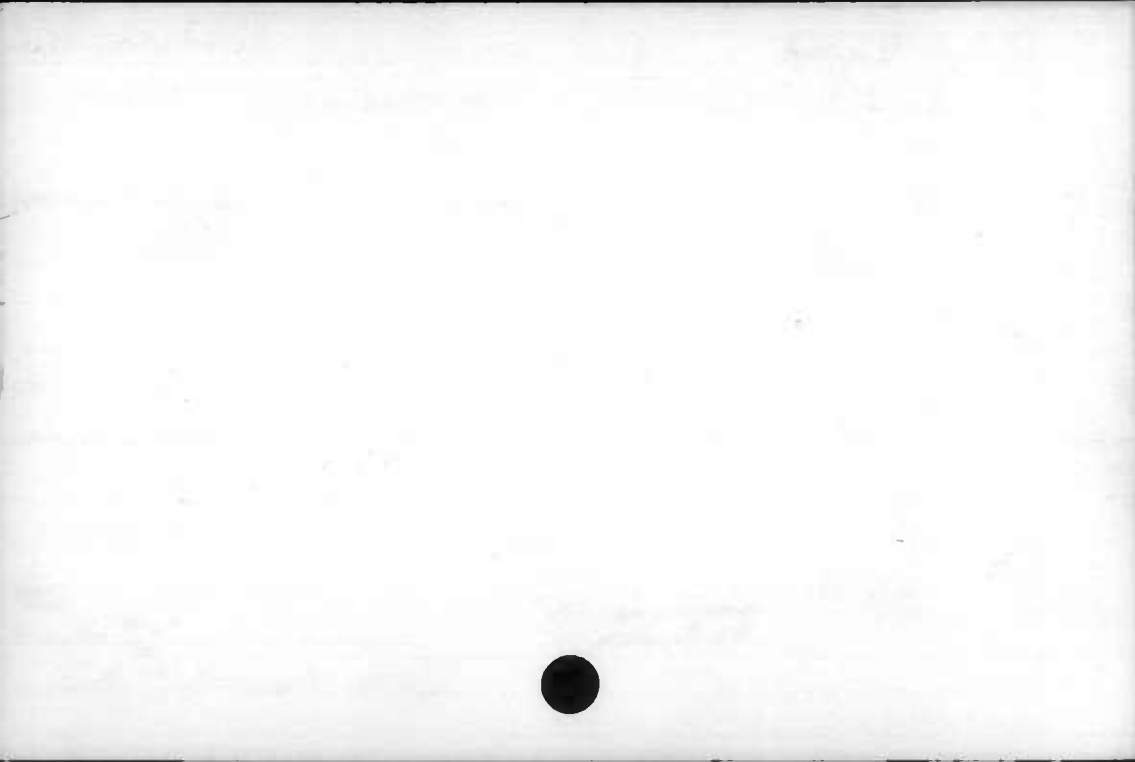
Name *Edwince Graves* County *X*
 Died at *Hills Point* ^{Town} *Borchester* ^{County} **MARYLAND**
 Date of death *1909 Apr 30* Month *Apr* Day *30* Age *81* Years *81* Months *7* Days
 Sex *Male* Color or Race *White* Birth-place *Va.*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *Widower* Name of Wife or Husband *Caroline Graves*
 Father's Name *Lewis Graves* Father's Birthplace *Va.*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving Information *S. Graves* How related to deceased *Son*

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary *Cerebral Thrombosis* How long *3 hrs*
 Immediate
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. A. Stokes*
 Address *Cornusville*
 Accident or Suicide



Name

in
Full

Baby Gross

Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} East-h. Market-		^{County} Dorchester		MARYLAND	
Date of death	1909	Month	4	Day	3
Age		Years		Months	Days
Sex		girl		Color or Race	colored
Occupation		none		Birth-place	E. New Market
Where Residing if not at place of death		Same place			
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Don't know				Father's Birthplace
Mother's Maiden Name		Bertha Gross			
Name of person giving information		Jerry Gross			
How related to deceased		Grandfather			

CAUSES OF DEATH

Primary	"	"	(D)	How long	"	"
Immediate	Still Born			How long	"	"
Are the name, age, sex, color, date and place correctly given above?			Yes as far as known			
Signature of Physician			had none W. J. Abell			
Address			E. N. Market md.			
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Ellas Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

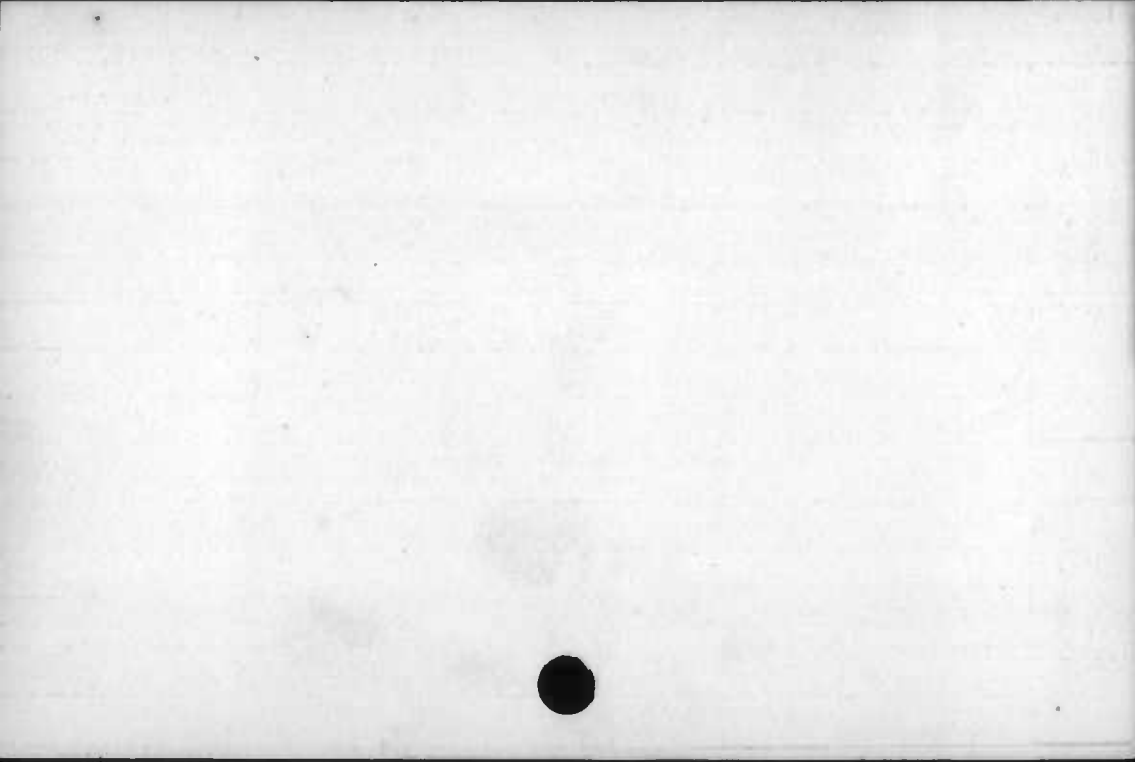
Died at <i>Bobtown</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>18</i>	Age <i>33</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Toxhill</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Dorchester Lee</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Joan Handy</i>			
Father's Name <i>Henry Smith</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Becky Smith</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Ben. B. Johnson</i>			How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Abortion</i>	How long <i>unknown</i>
Immediate <i>Puerperal</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. C. Fleming MD</i>
<i>all but age unknown</i>	Address <i>Hurlock</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Burton J. Ford*
Town *Williamsburg* andCounty *Dor*

MARYLAND

Date

of death 190

9

Month

4

Day

19

Age

Years

24

Months

8

Days

24

Sex

*male*Color
Race*white*Birth-
place*Dor Co*Married, Single
or Widowed*Single*

Occupation

*former*Name of Wife or
HusbandFather's
Name*James S Ford*Father's
Birthplace*Dor. Co*Mother's
Maiden Name*Maudie Nichols*Mother's
Birthplace*Caroline Co*Name of person giving
information*Maudie A Ford*How related
to deceased*Sister*

166

CAUSES OF DEATH

Primary

*Contused wound
Peritonitis**result of kick by horse*

How long

two days

Immediate

the same

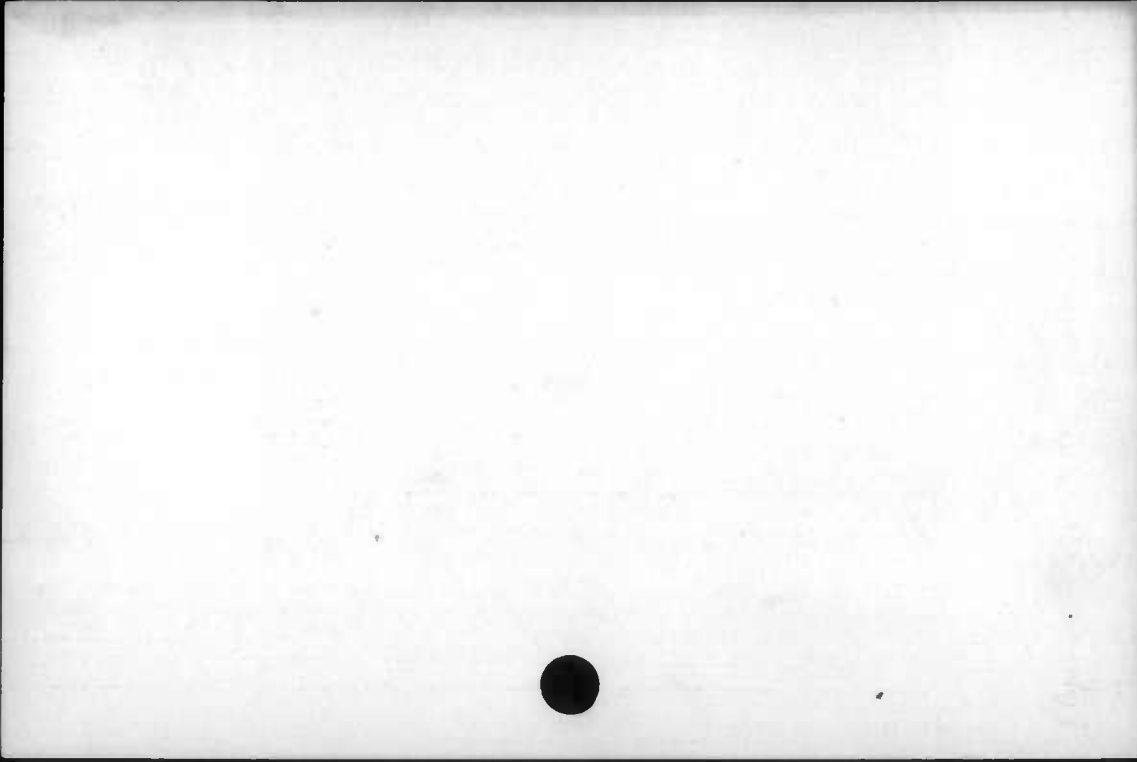
How long

*two days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*G Ross Myers*

Address

*Stunkoval Ind*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

No Name

McCrady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		April	6			born dead	
Sex		Color or Race		Birth-place			
Female		white		Cambridge			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Ernest M. Cready				Dorchester			
Mother's Maiden Name				Mother's Birthplace			
May Goslin				Dorchester			
Name of person giving Information				How related to deceased			
Ernest M. Cready				Father			

CAUSES OF DEATH

Primary	Still born	How long	—
Immediate		How long	—

PHYSICIAN
OR CORONER

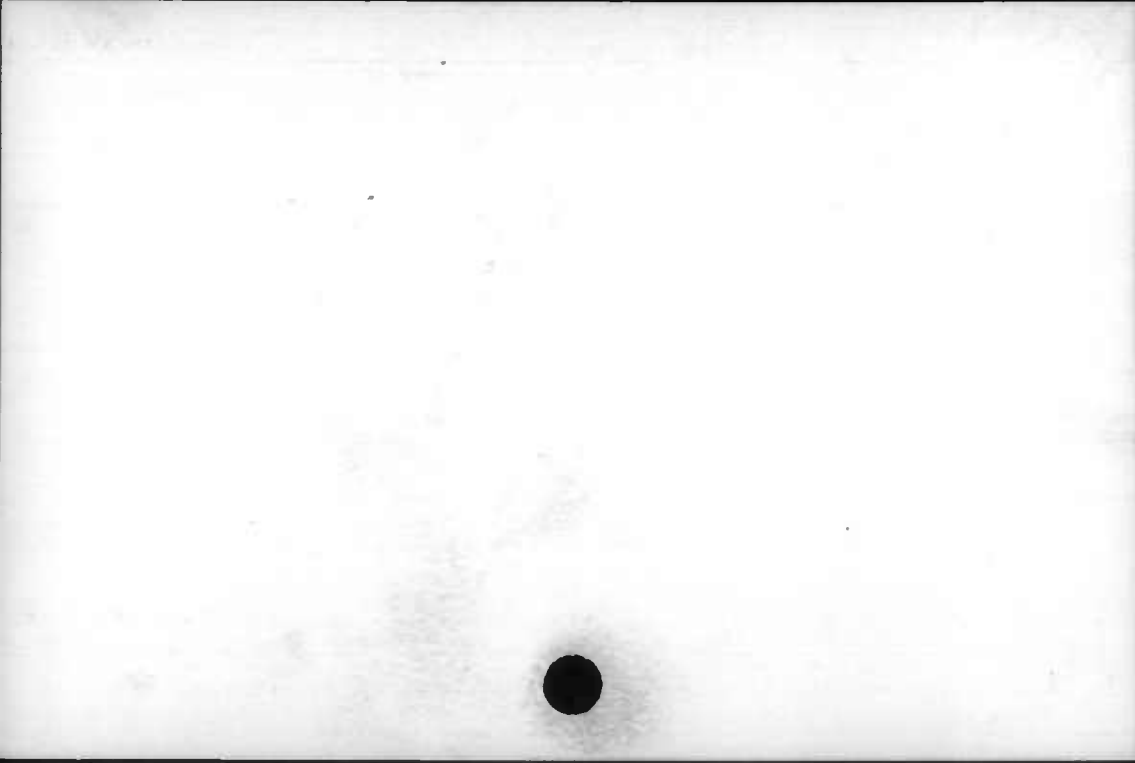
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

No Physician
 E. Bennett Sullivan
 Justice of the Peace



Name
in
Full

Martha Mathus.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

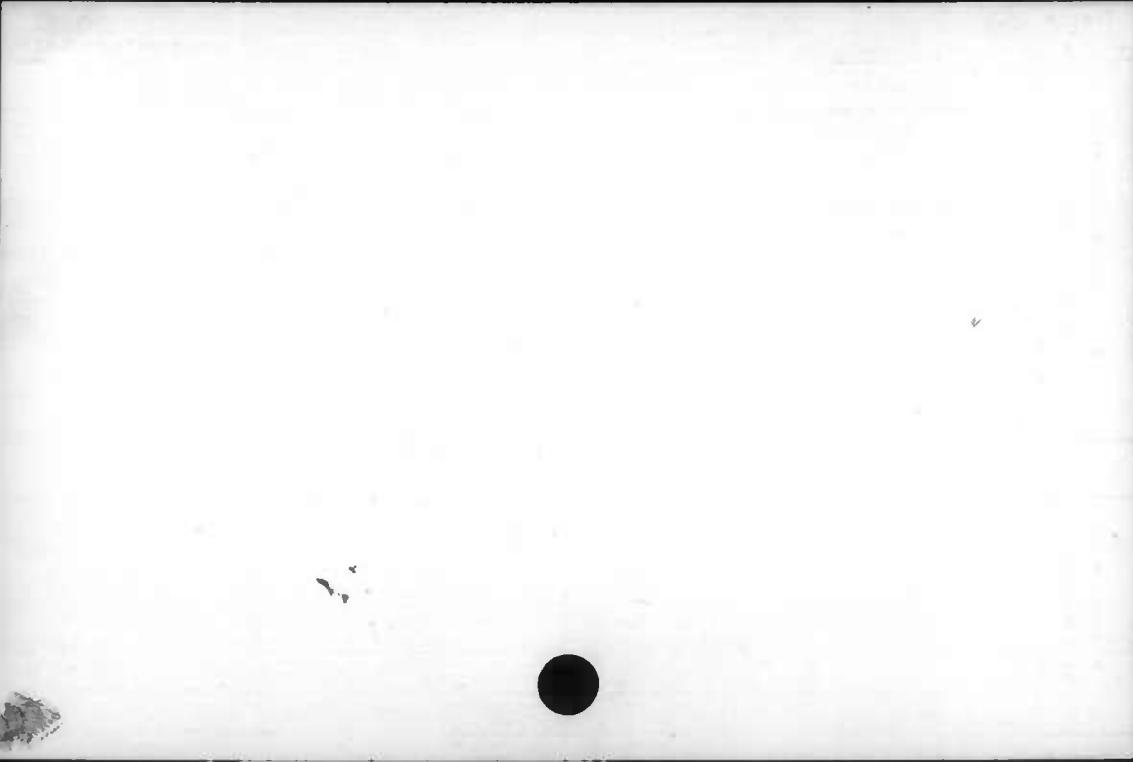
Died at <i>Near East New Mt Dor co</i>		Town <i>Dor co</i>		County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>4</i>	Day <i>5</i>	Age <i>70</i>	Years	Months <i>15</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dor Co</i>				
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>dont know</i>				Father's Birthplace <i>"</i>			
Mother's Maiden Name <i>Grace Mathus</i>				Mother's Birthplace <i>Dor Co</i>			
Name of person giving Information <i>W. Mathus</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

unknown

PHYSICIAN
OR CORONER

Primary <i>"</i>	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 179 </div>	How long <i>"</i>
Immediate <i>"</i>		How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None: Wm J. H. H. H.</i>
		Address <i>200 Pen Market St.</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

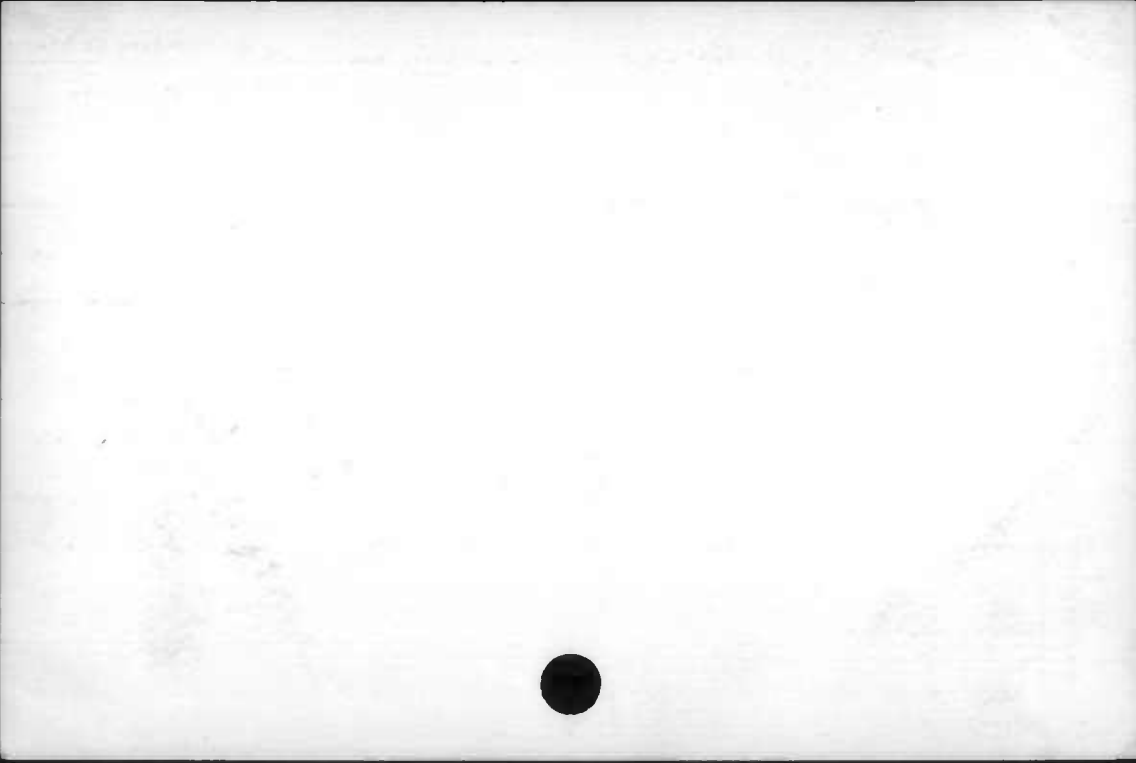
Died at <i>Secretary</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>4</i>		Day <i>17</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>Labour</i>				Where Residing if not at place of death <i>Secretary</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Estelle Mooney</i>					
Father's Name <i>William Mooney</i>				Father's Birthplace <i>Dor Co.</i>			
Mother's Maiden Name <i>do not know</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>William Mooney</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary <i>Old age, Chronic nephritis</i>		How long <i>5 or 10 yrs</i>	
Immediate <i>Pneumonia</i>		How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. H. Horstman M.D.</i>	
		Address <i>East New Market, Md.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Baby without name

Moore

Died at *Bishop Head district no 10*County *Dorchester*Date of death *1909*Month *April*Day *10*

Age _____

Months _____

Days *21*Sex *female*Color or Race *white*Birth-place *Bishop Head*Occupation *none*

Where Residing if not at place of death _____

Married, Single or Widowed *Single*

Name of Wife or Husband _____

Father's Name *John T Moore*Father's Birthplace *Bishop Head*Mother's Maiden Name *Nancy E Todd*Mother's Birthplace *Bishop Head*Name of person giving information *John T Moore*How related to deceased *father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary *unknown*

How long _____

Immediate _____

How long _____

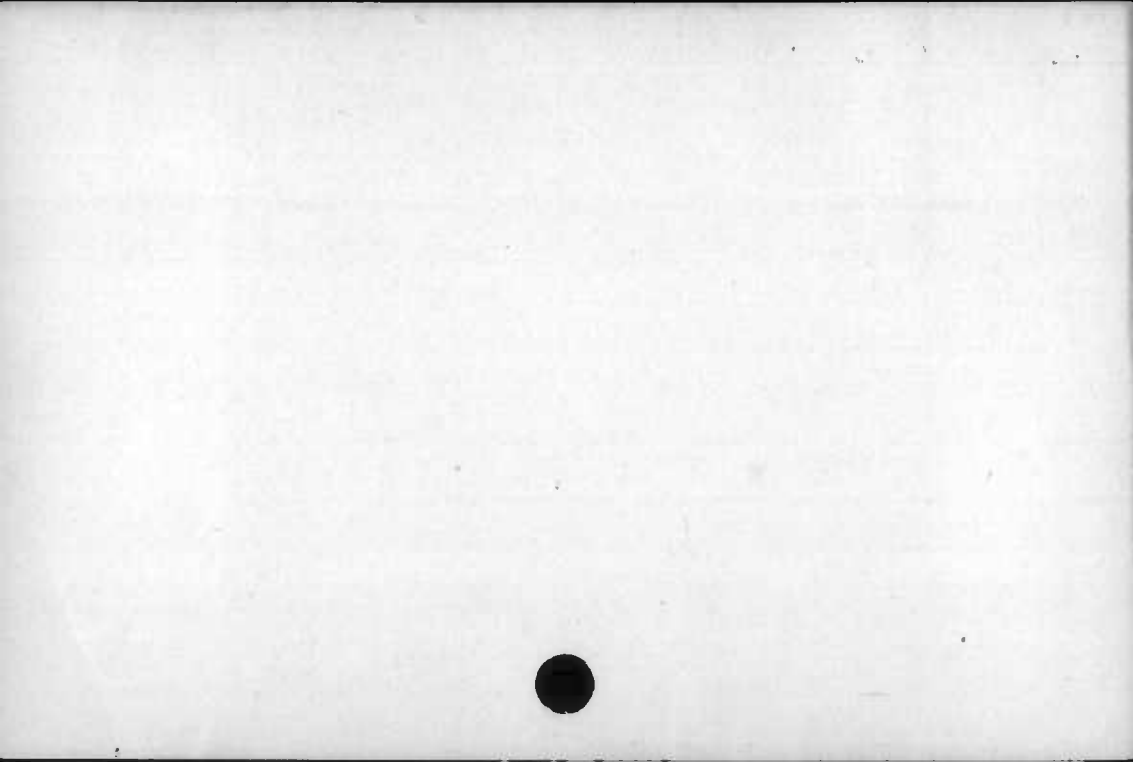
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *no physician in attend*

Address *Wm H Pittsnett J P*

Accident or Suicide?

Bishop Head md



Name
in
Full

Martina Pinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

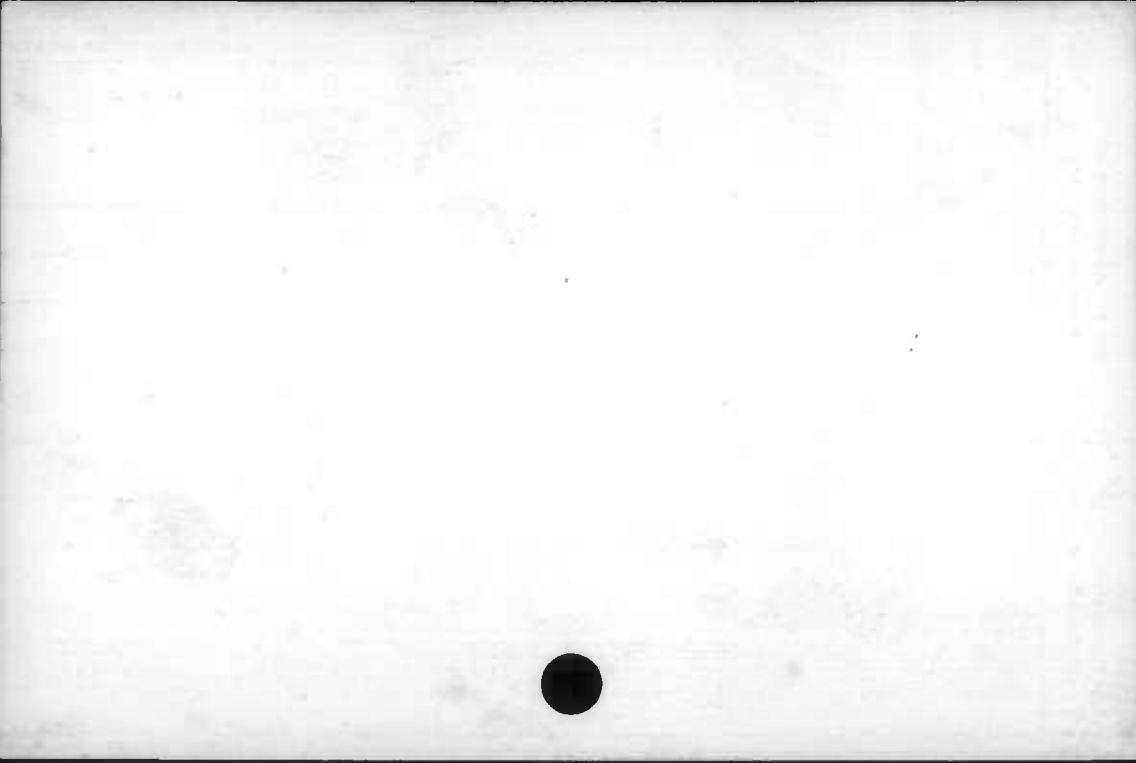
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>5</u>	Age <u>49</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Buckley, Dorchester Co.</u>			
Occupation <u>genl Housework</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Emerg Pinder</u>	Father's Birthplace <u>Dorchester Co.</u>				
Mother's Maiden Name <u>Annie Pinder</u>	Mother's Birthplace <u>Dorchester Co.</u>				
Name of person giving Information <u>James Pinder</u>			How related to deceased <u>brother</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia (Primary)</u>	How long <u>7 days</u>
Immediate <u>Heart Failure</u>	How long <u>Very short</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Webb</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide	



Name
in
Full

Ratchel R Pinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{at} <i>via</i>		Town <i>Bucktown</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1909	Month	June	Day	19	Years	9
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Dr C Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<i>Charles E Pinder</i>		Father's Birthplace <i>Dr C Md</i>	
Mother's Maiden Name				<i>Victoria Lok</i>		Mother's Birthplace " " "	
Name of person giving information				<i>Molly Lok</i>		How related to deceased <i>aunt</i>	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Prochitis</i>	How long	<i>Some weeks</i>
Immediate	<i>E. Lauder</i>	How long	<i>Some days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr Goldborough</i>	
		Address <i>Cumby, Md</i>	
Accident or Suicide?			



Name
in
Full

Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

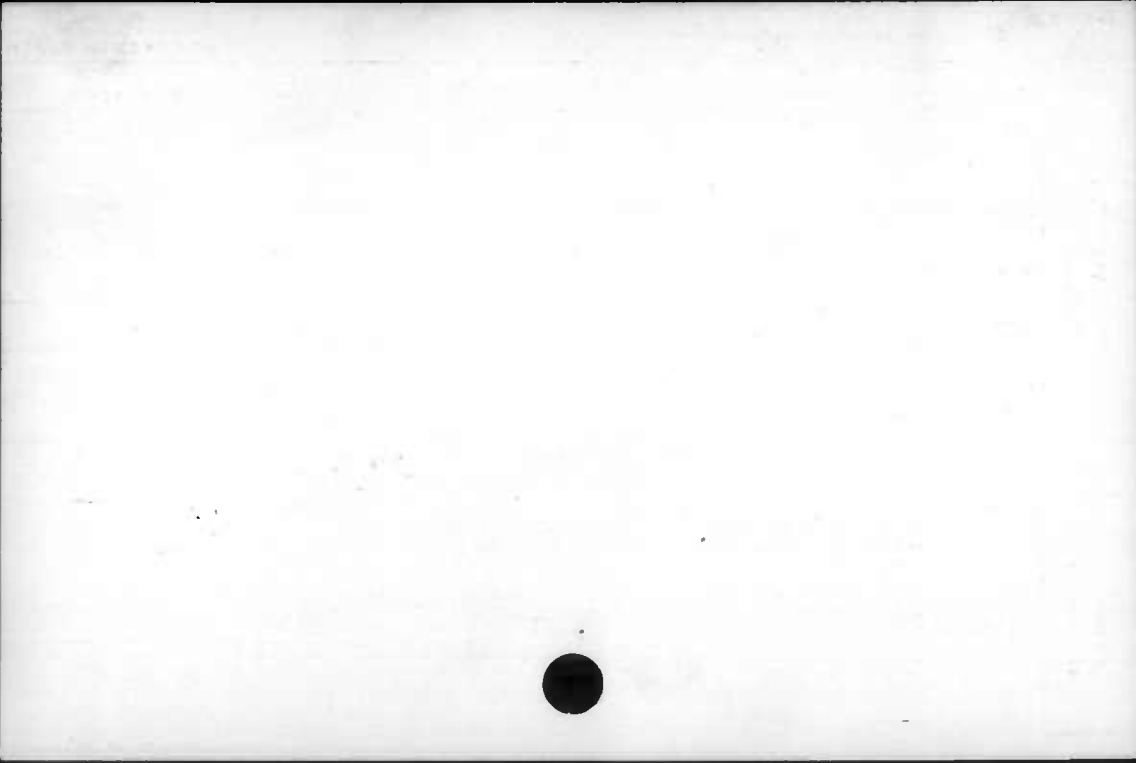
Died at <u>Cambridge</u> Town		<u>Wichester</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>M</u>	Age <u>—</u>	Months <u>1</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>Colord</u>	Birth-place <u>Cambridge Md</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Ed. Saunders</u>	Father's Birthplace <u>VA</u>				
Mother's Maiden Name <u>Ellen Root</u>	Mother's Birthplace <u>Buckwood</u>				
Name of person giving Information <u>Ed Saunders</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u>1 Week</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>No physician in attendance</u>
	Address <u>Clement Sullivan</u> <u>Justice of the Peace</u>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

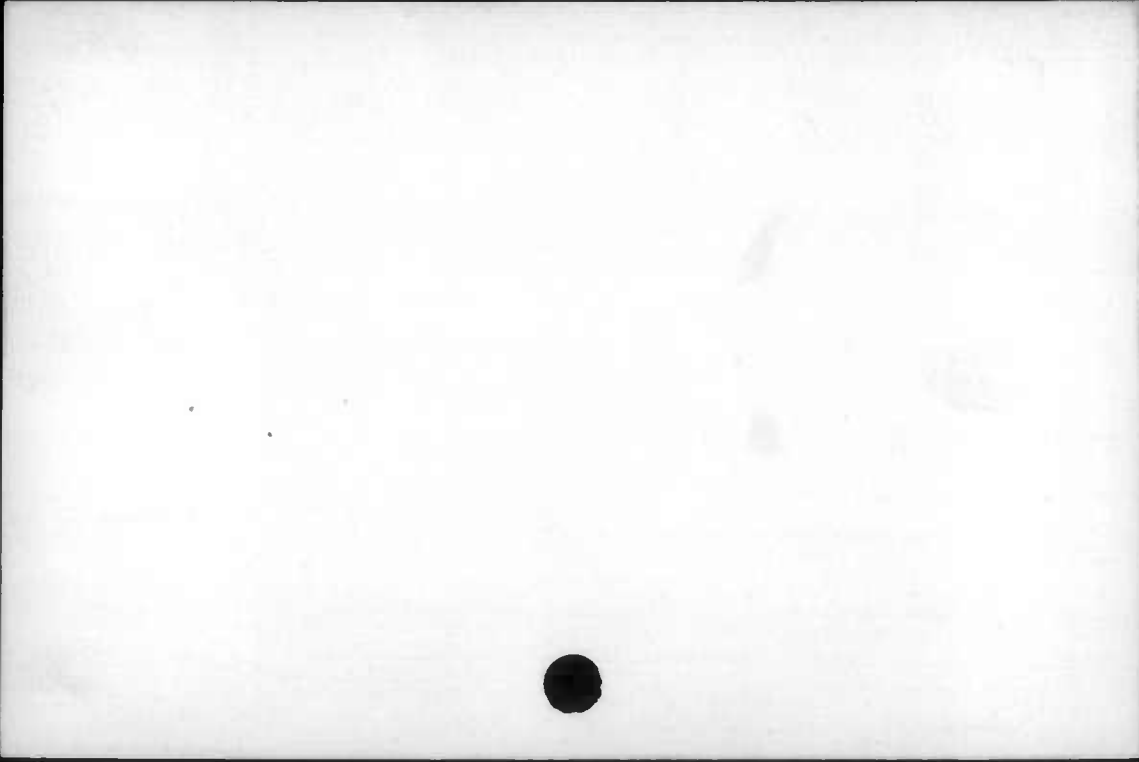
Name *Florrie Gay Saunders* X
 Died at *Shunk* Town *Orchester* County
 Date of death *1909 April 22* Age *28* Months *7* Days *1*
 Sex *Female* Color or Race *Black* Birth-place *Ind-*
 Occupation *House girl* Where Residing if not at place of death ☒
 Married, Single or Widowed *Married* Name of Wife or Husband *William Saunders*
 Father's Name *James Maurer* Father's Birthplace *Ind*
 Mother's Maiden Name *Sarah Maurer* Mother's Birthplace *Ind*
 Name of person giving information *James Maurer* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *six years*
 Immediate *Acute nephritis* How long *one week*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Victor Carroll*
 Address *Cambridge, Ind.*
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Charles W. Lephrys</u>		Town <u>East</u>		County <u>Dor Co</u>		MARYLAND	
Date of death <u>1909</u>		Month <u>4</u>	Day <u>7</u>	Age <u>36</u>		Months	Days
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Dor Co</u>			
Occupation <u>Laborer</u>				Where Residing if not at place of death			
Married, Single or <u>Widowed</u>		Name of Wife or Husband					
Father's Name <u>Steven Lephrys</u>		Father's Birthplace <u>Dor, Co. Md</u>					
Mother's Maiden Name <u>Mary Jefferson</u>		Mother's Birthplace <u>Dor, Co. Md.</u>					
Name of person giving Information <u>Sophia Jackson</u>		How related to deceased <u>Friend</u>					

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <u>Constipation</u>	How long <u>unknown</u>
Immediate <u>Obstruction bowels</u>	How long <u>Five days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. F. Nicols Md</u>
	Address <u>E. W. Market</u>
	<u>Md.</u>



Name
in
Full

Alexander Seward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

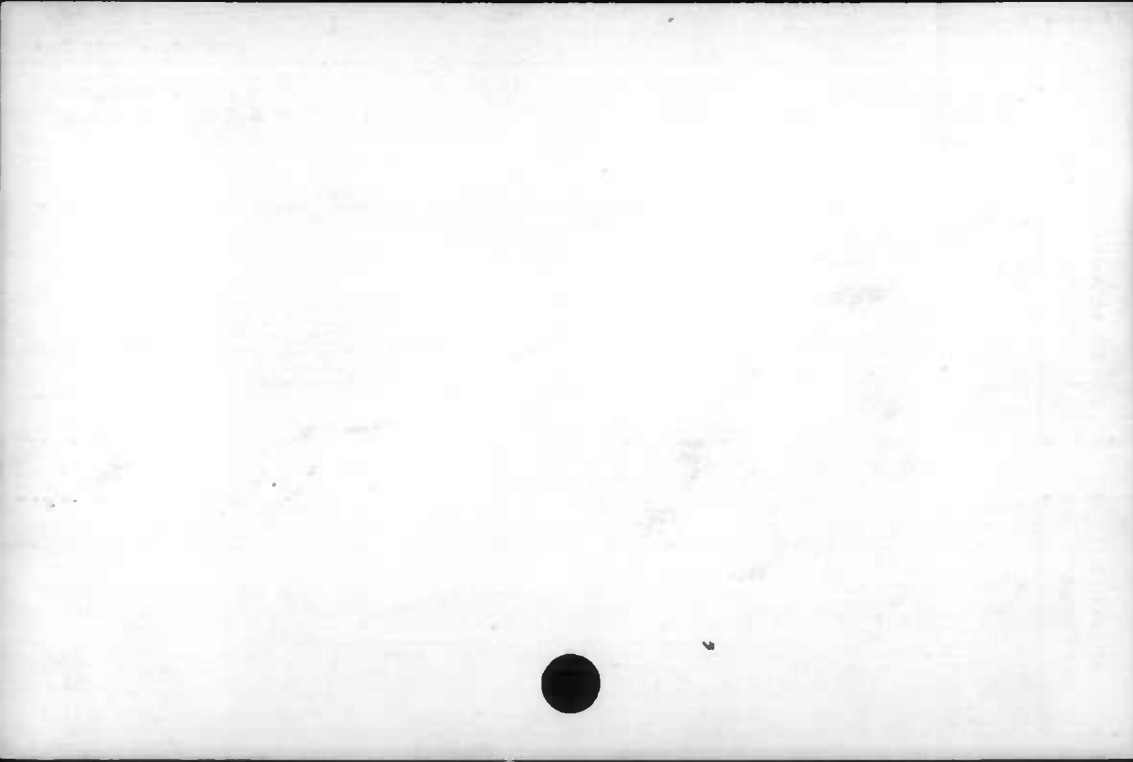
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190 9		April	22	70		0	11
Sex		Color or Race		Birthplace			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Farmer				Cambridge			
Married, Single or Widowed		Name of Wife or Husband					
Married		Sarah J. Seward					
Fether's Name		Fether's Birthplace					
Charles Seward		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Sallie Sadler		"					
Name of person giving Information		How related to deceased					
Laura E. Spedden		Daughter					

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	7 yrs
Immediate	Heart broke down	How long	3 or 4 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
70		John M. ...	
		Address	
		Cambridge, Md	
Accident or Suicide			



Name
in
Full

Laura W. Sinclair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

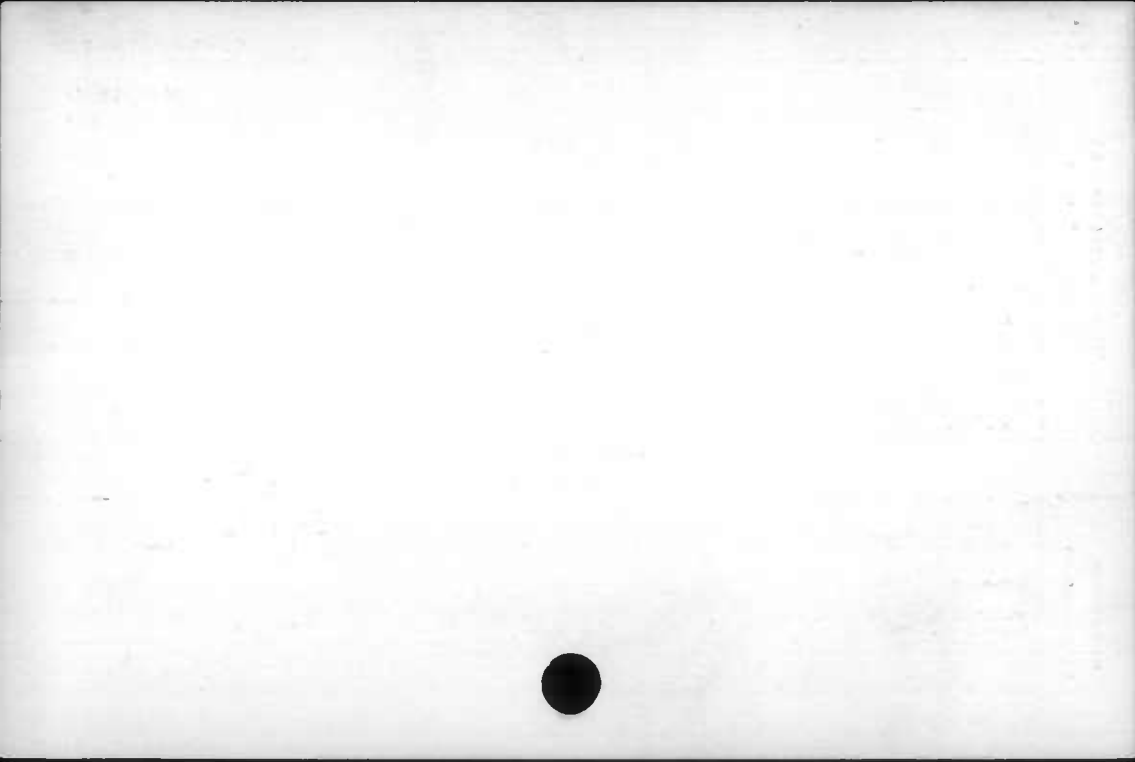
Died at Cambridge Town Dorchester County MARYLAND
 Date of death 1909 Month April Day 4 Age 44 Years 44 Months — Days —
 Sex Female Color or Race White Birth-place Maryland
 Occupation Housewife Where Residing if not at place of death Cambridge
 Married, Single or Widowed Married Name of Wife or Husband Charles W. Sinclair
 Father's Name Wesley Ruark Father's Birthplace Maryland
 Mother's Maiden Name I do not know Mother's Birthplace —
 Name of person giving Information Charles W. Sinclair How related to deceased Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Consumption How long about 4 years
 Immediate Exhaustion How long few hours
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician John M. Mace
 Address Cambridge Md
 Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie Stanley* Town *Heidsburg* County *Dor co* X

Died at *Heidsburg* Maryland

Date of death 190*9* Month *40* Day *15* Age *37* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Dor co*

Occupation *House Keeper* Where Residing if not at place of death

~~Married~~ Single or Widowed Name of Wife or Husband

Father's Name *Charles W Stanley* Father's Birthplace *Dor co*

Mother's Maiden Name *Lizzie Neolis* Mother's Birthplace *" "*

Name of person giving Information *Chas W Stanley* How related to deceased *Father*

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

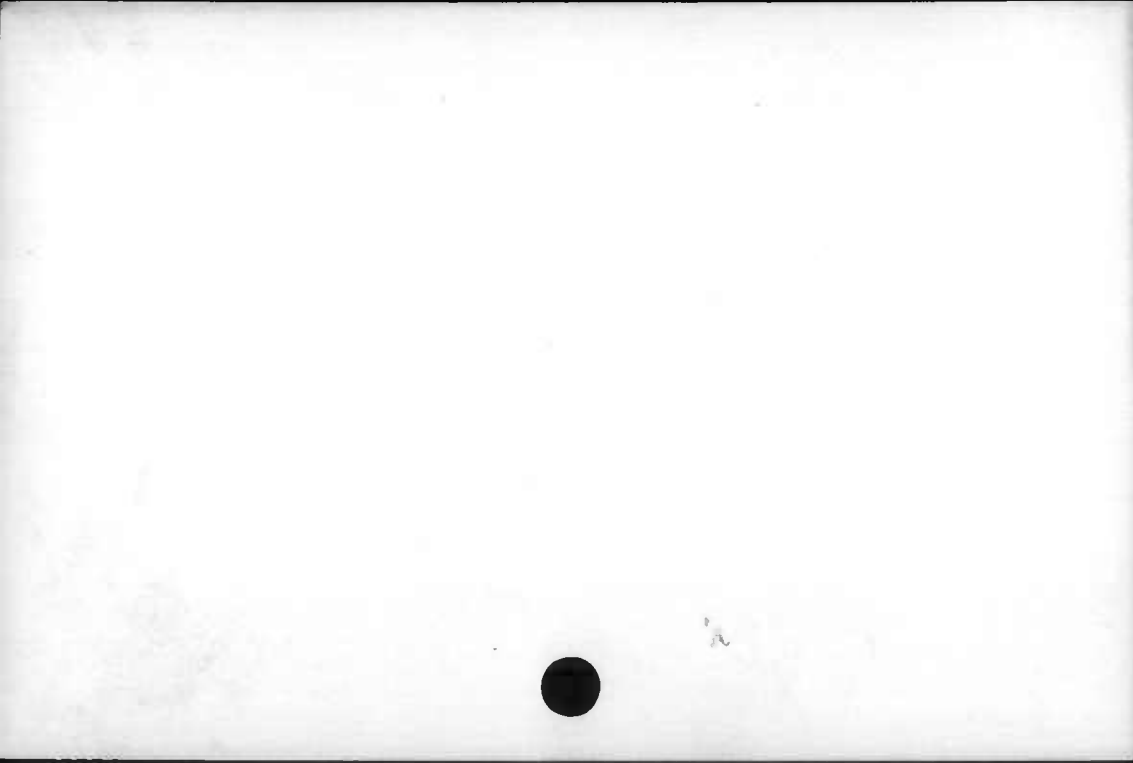
Primary *Child Birth* How long *Three days*

Immediate *Heart Failure* How long

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *H. F. Nicols MD*
Address *E. N. Market*
Md.

Accident or Suicide



Name
in
Full

Not named

Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Hickesburg* County *Dorchester* **MARYLAND**

Died at *Hickesburg*

Date of death 1909 Month *4* Day *14* Age *—* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Hickesburg*

Occupation *Infant* Where Residing if not at place of death *—*

~~Married~~, Single ~~Widowed~~ Name of Wife or Husband *—*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Annie Stanley* Mother's Birthplace *Dorchester*

Name of person giving Information *Chas Stanley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *—* How long *—*

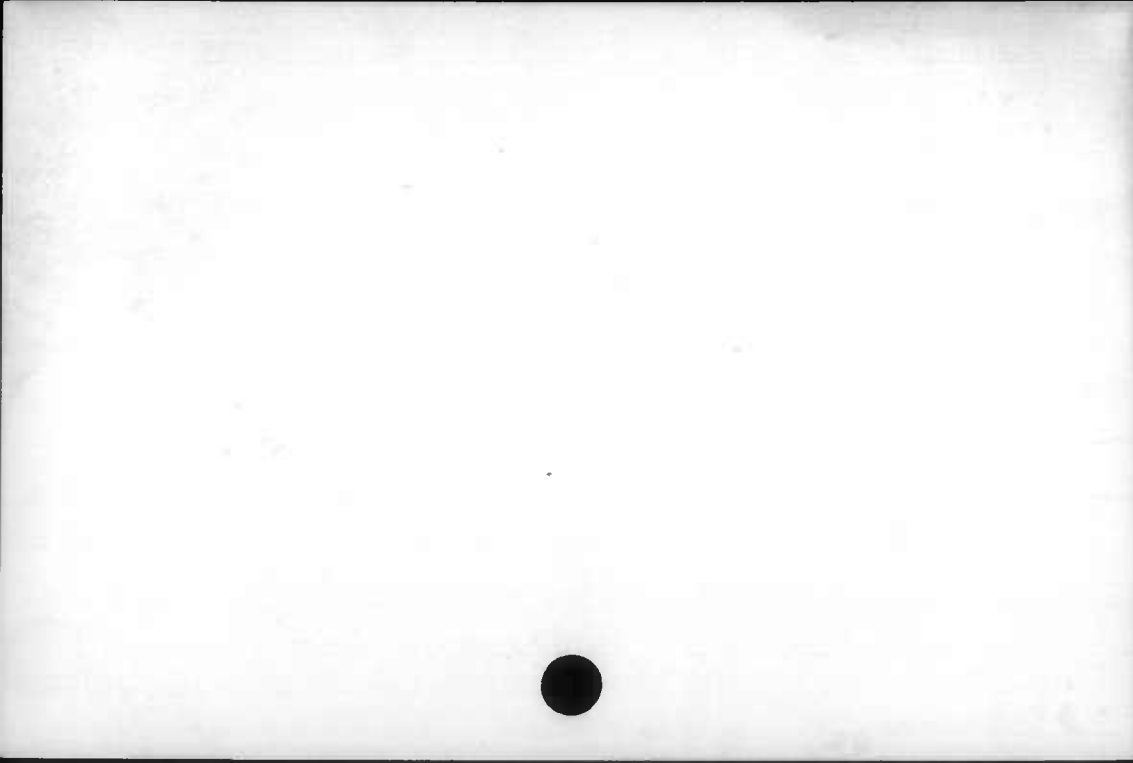
Immediate *Craniotomy* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of
Physician*H. F. Nichols MD*

Address

*E. N. Market**MD*



Name
in
Full

Russell E. Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

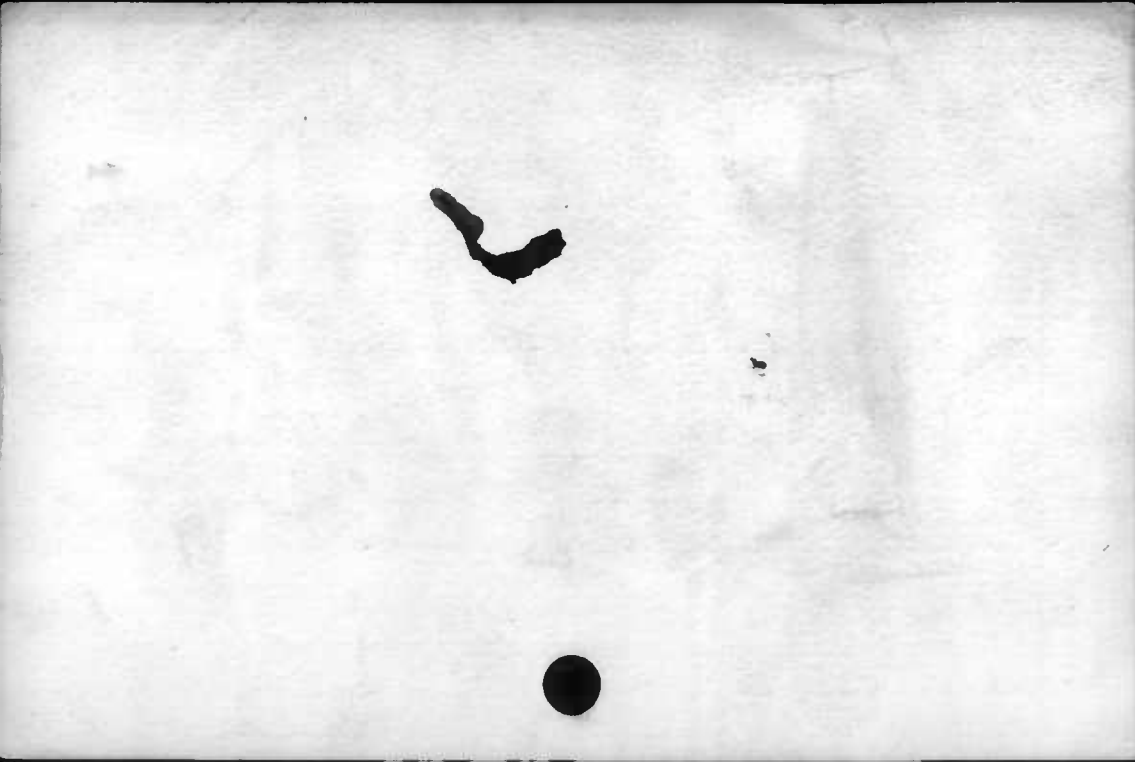
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1909	Month	April	Day	10 th	Years	8
Age		—		Months	Days 23		
Sex	Male		Color or Race	Colored		Birth-place	Cambridge
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John W. Stanley		Father's Birthplace		Salina, Dor. Co.	
Mother's Maiden Name		Louvenia Dickerson		Mother's Birthplace		Dorchester Co.	
Name of person giving Information		John W. Stanley		How related to deceased		Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enter Colitis (Chronic)</i>		How long	<i>Could say as I saw</i>
Immediate	<i>Exhaustion</i>		How long	<i>this child one sometime ago</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>E. W. Walcott</i>
			Address	<i>Cambridge, Ind</i>
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Stewart

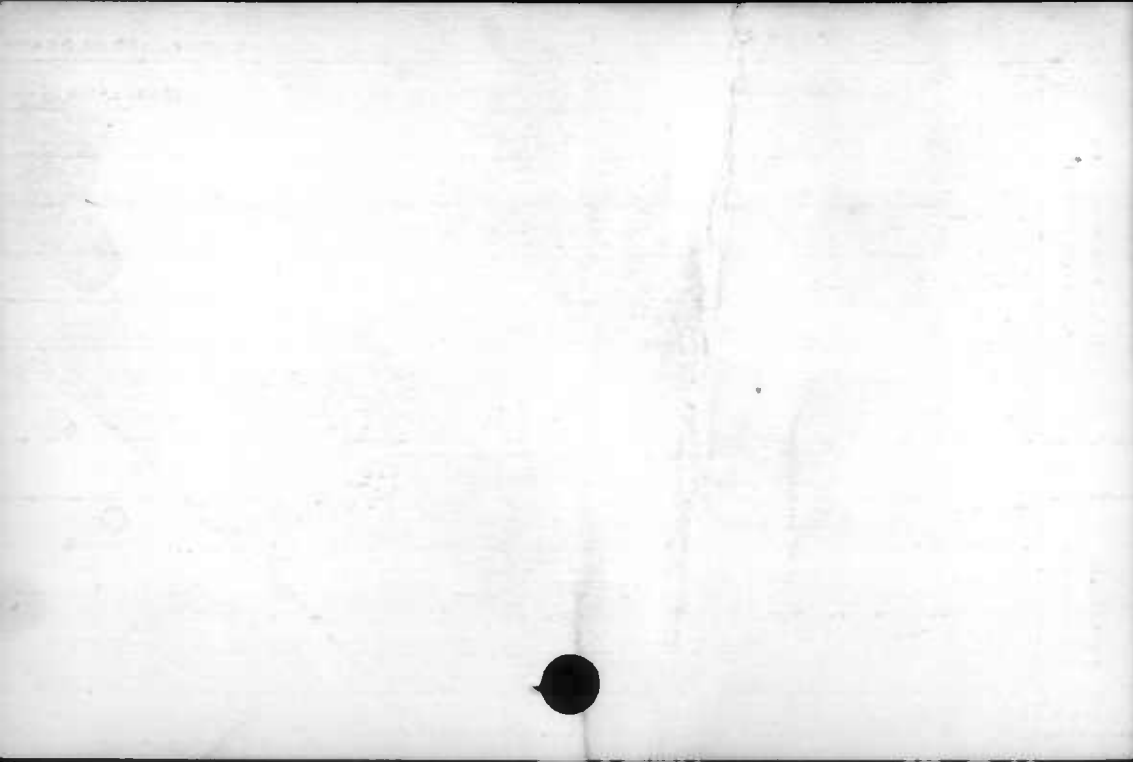
Died at <i>Cambridge</i> Town		<i>Archers</i> County		MARYLAND	
Date of death 190 <i>4</i>	Month <i>Apr</i>	Day <i>3</i>	Age <i>—</i>	Months <i>—</i>	Days <i>26</i>
Sex <i>Girl</i>	Color or Race <i>Colored</i>		Birth-place <i>Dr. Co Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Andrew Bennett</i>			Father's Birthplace <i>Dr. Co Md</i>		
Mother's Maiden Name <i>Fily Stewart</i>			Mother's Birthplace <i>Dr. Co Md</i>		
Name of person giving Information <i>Mary Stewart</i>			How related to deceased <i>Grand Mother</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>3 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No physician in attendance</i>
	Address <i>Clement Sweeney</i>
Accident or Suicide	<i>Justice of the Peace</i>



Name
in
Full

Hattie Steiwar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

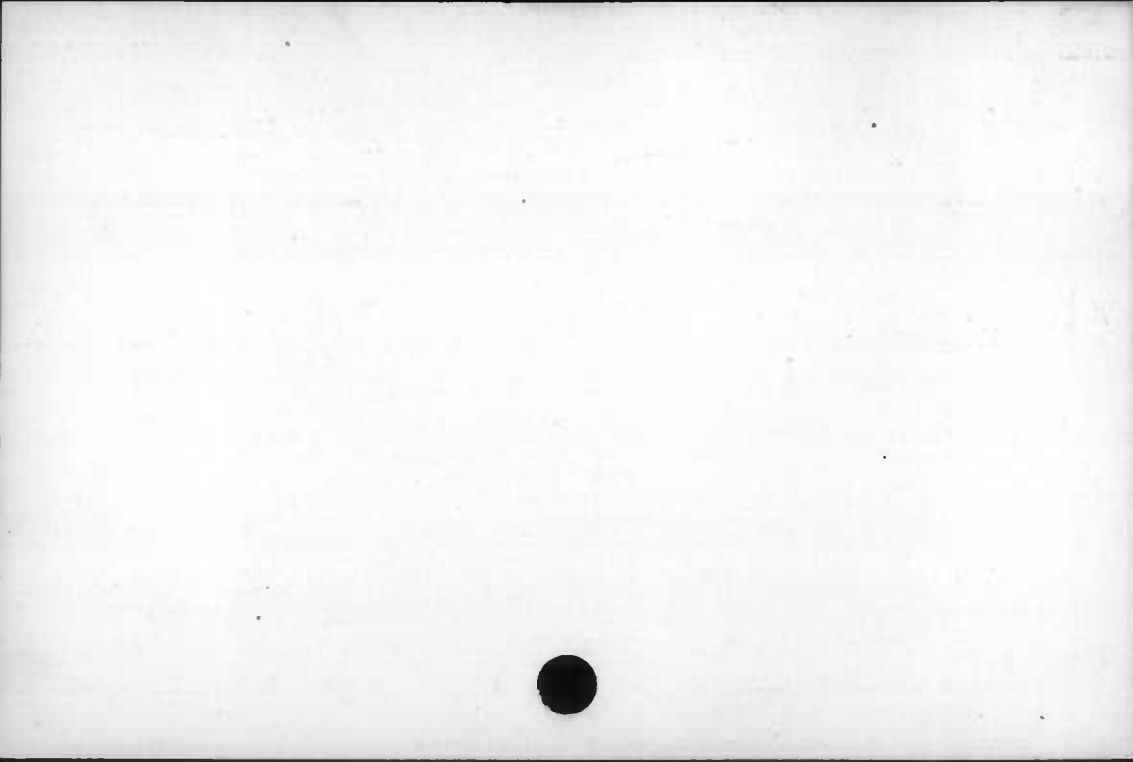
Died at <u>Vienna</u> Town		<u>Bartholomew</u> County		MARYLAND	
Date of death	1909	Month	April	Day	9 th
Age	Years		Months		Days
Sex	Female		Color or Race	Colored.	
Occupation	Dancer.		Birth-place	Md.	
Where Residing if not at place of death					
Married, Single or Widowed	Dancer.		Name of Wife or Husband	Herman Steiwar.	
Father's Name	Herman Steiwar.			Father's Birthplace	Md.
Mother's Maiden Name	Edith C Robbins			Mother's Birthplace	Phila Pa.
Name of person giving information	Herman Steiwar.			How related to deceased	Father.

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Bronchitis.	How long	about month.
Immediate	Heart failure —	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		D. H. Bland.	
		Address	
		Vienna Md	
Accident or Suicide?			



Name
in
Full

Nettie Towers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

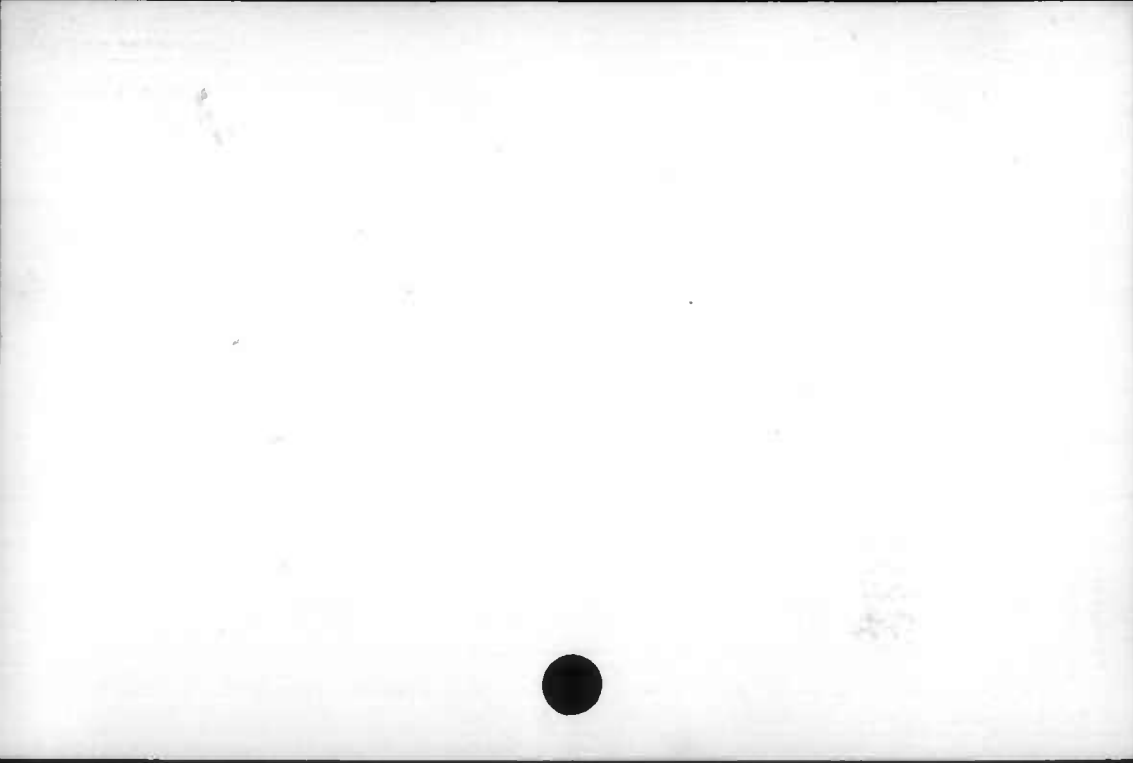
Died at		Town Cambridge		County Dorchester Co		MARYLAND	
Date of death		1909	Month April	Day 20	Age 26	Years	Months Days
Sex	Female		Color or Race	White		Birth-place	Talbot-
Occupation	House Keeper		Where Residing if not at place of death		Cambridge		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Edward H. Towers				Father's Birthplace	Del	
Mother's Maiden Name	Sallie Nichols				Mother's Birthplace	Earline	
Name of person giving Information	Sallie Towers				How related to deceased	Mother	

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	Tetanus	How long	3 days
Immediate	Heart Failure	How long	short
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md	
Accident or Suicide			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Cambridge

Town

Walter

County

Wichita

Date

of death

1909 Apr.

Month

Day

24

Age

Years

—

Months

Days

a few hours

Sex

Female

Color or
Race

Colored

Birth-
place

Cambridge Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widow

Single

Name of Wife or
Husband

—

Father's
Name

Reneado Walter

Father's
Birthplace

Baltimore.

Mother's
Maiden Name

Mary Jane Barton

Mother's
Birthplace

Cambridge Md

Name of person giving
Information

John W. Barton

How related
to deceased

Uncle

CAUSES OF DEATH

151

Primary

monition

How long

a few hours

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

No Physician

*Clement Sullivan
Justice of the Peace*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lilly Marshall Warrington

Died at ^{Town} Near Cambridge ^{County} Dorchester

MARYLAND

Date of death 1909 April 18th Age 20 Months 1 Days 8

Sex Female Color or Race white Birth-place Cambridge Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Leon Warrington

Father's Name Marion H. Marshall Father's Birthplace Dor. Co.

Mother's Maiden Name Maggie Webb ^{Ex-mother} Mother's Birthplace Dor. Co.

Name of person giving Information Wm Marion Marshall How related to deceased Mother

CAUSES OF DEATH

138

Primary Pregnancy How long 8 months

Immediate Urterine How long 2 days

Are the name, age, sex, color, date and place correctly given above?

yes

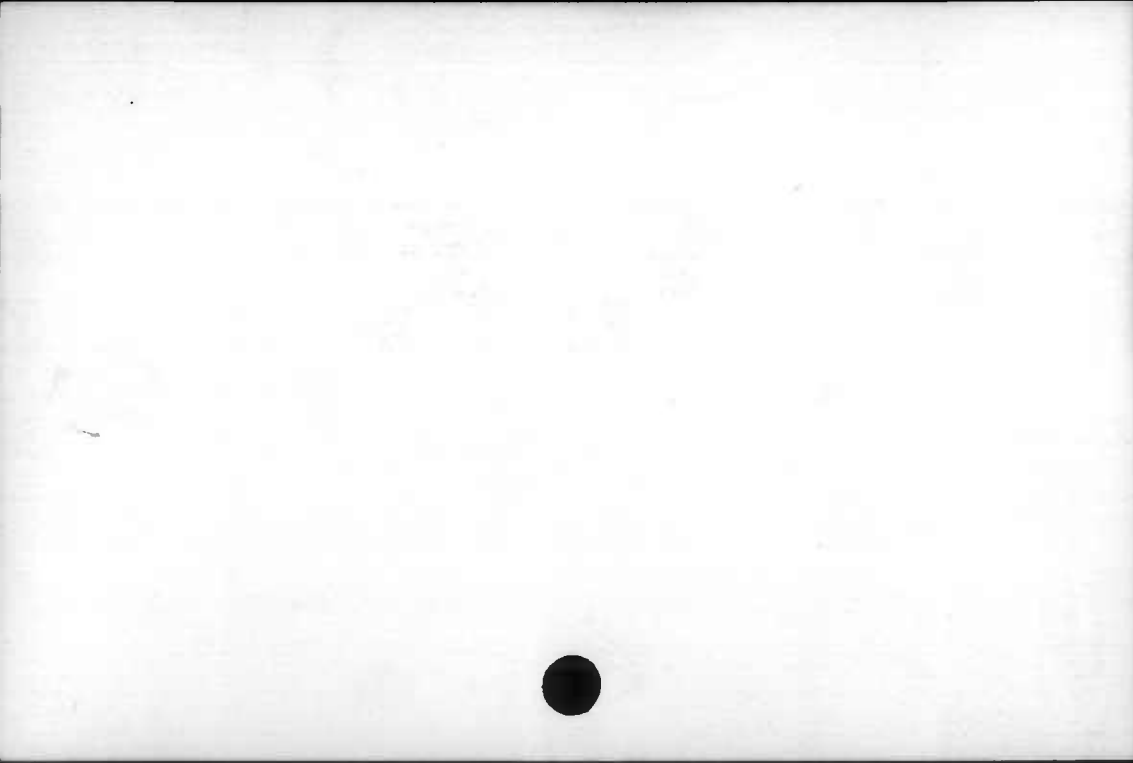
Signature of Physician

Address

John Mace
Cambridge Md

Accident or Suicide

no



Name
in
Full

Nettie S. Wroten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Age	Years	Months	Days
1909		4	1	26	3	2	
Sex	Female		Color or Race	White		Birthplace	Dorchester Co. Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Al Wroten			
Father's Name	W. H. Colbourne				Father's Birthplace	Dor. Co. Md.	
Mother's Maiden Name	Louise Wheatley				Mother's Birthplace	Dor. Co. Md.	
Name of person giving Information	Mrs. W. H. Colbourne				How related to deceased	Mother	

CAUSES OF DEATH

27

Primary	Tuberculosis	How long	12 mo.
Immediate	Asthemia	How long	
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	Edward L. Jones		
Address	East New Market, Md.		
Accident or Suicide			

